

Screening Criteria for Rhinoplasty and Septorhinoplasty (CPT Codes 30400 – 30465)

Descriptions:

Septoplasty is a surgery done to the nose to repair the septum, which is the tissue, bone, and cartilage that separates the nostrils, so that it is straight and centered. This is done to improve nasal breathing and to reduce nasal obstruction.

Rhinoplasty is surgery done to reshape the nose, generally for cosmetic reasons, **unless** there has been a recent traumatic injury to the nose that results in nasal airway obstruction.

Indications and Limitations of Coverage:

Coverage

Rhinoplasty is generally determined to be primarily cosmetic and it is **not** eligible for coverage, except as listed in the indications below. Rhinoplasty, and the rhinoplasty portion of a septorhinoplasty requires prior authorization.

Septoplasty is generally covered, subject to the indications listed below.

Indications that are covered:

1. Septoplasty to repair deviated septum and reduce nasal obstruction. (Does not require prior authorization)
2. Surgical repair of vestibular stenosis to repair collapsed internal valves to treat nasal airway obstruction. (Does not require prior authorization)
3. Rhinoplasty to repair nasal deformity caused by a cleft lip/cleft palate deformity for patients 18 years of age and younger.
4. Rhinoplasty following a trauma, for instance a crushing injury, which displaces nasal structures in such a way that it causes nasal airway obstruction.

Indications that are not covered:

1. Cosmetic rhinoplasty done alone, or in combination with, a septoplasty.
2. Septoplasty to treat snoring.

Signature of Medical Director

Effective Date